

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8979
Registrar's No. 2462

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer S G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community Unknown years, months or days)

8. (a) PRINT FULL NAME CLIFFORD COSTELLO

8. (b) If veteran, name war 8. (c) Social Security No.

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 10 1939 (Month) (Day) (Year)

8. AGE: Years 8 Months 2 Days If less than one day hr. min.

9. Birthplace St Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name Bennie Castello 13. Birthplace Saint Louis Missouri (City, town, or county) (State or foreign country)
14. Maiden name Thelma Wright 15. Birthplace Saint Louis Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bennie Castello
(b) Address 4328 St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director F. A. Green
(b) Address 2916 Franklin Avenue

19. (a) MAR 13 1940 (Date received local registrar) (b) J. F. Bredich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4328 St Louis (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1940 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from March 6, 1940, to March 12, 1940; that I last saw him alive on March 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 wks

Due to Bronchitis Meningismus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: .

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature G. E. Peace (M. D. or other)

Address 2601 N Whittier Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2963

P. O. Address. 2915 Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. . (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.